

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/31/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445494	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/30/2013
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NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF RHEA COUNTY

STREET ADDRESS, CITY, STATE, ZIP CODE

10055 RHEA COUNTY HIGHWAY
DAYTON, TN 37321

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 051 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure all exits were provided with manual pull stations. The findings include: Observation and interview with the Maintenance Director, on July 30, 2013 at 11:55 a.m. confirmed there was no manual fire alarm pull station at the exit door near the Oxygen storage room. This finding was verified by the Maintenance</p>	K 051	<p>K051</p> <p><u>What corrective action will be taken to correct this alleged deficient practice?</u></p> <p>a. Fire Alarm Pull will be installed by 9/13/13</p> <p><u>Identify residents that have the potential to be affected by the alleged deficient practice.</u></p> <p>a. All facility residents have the potential to be affected.</p> <p><u>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</u></p> <p>a. Pull Station to be installed. b. All other Exit audited for pull stations and all exits equipped properly.</p> <p><u>How the corrective action(s) will be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?</u></p> <p>a. The Director of Maintenance will report the completion of the pull station to the Performance Improvements Committee: (which consists of, the Nursing Home Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing/Staff Development Coordinator, Human Resource Director, Dietary Manager, Admissions/Marketing Coordinator, Business Office Manager, Housekeeping/Laundry Director, Activity Coordinator, Health Information Manager, and Maintenance Director).</p> <p>b. The Performance Improvement Committee will review the results. If it is deemed necessary by the committee, the installation process will be revisited until 100% compliance is achieved.</p>	09/13/2013

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF RHEA COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 10055 RHEA COUNTY HIGHWAY DAYTON, TN 37321		
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K 051	Continued From page 1 Supervisor and acknowledged by the Administrator during the exit conference on July 30, 2013.	K 051			